

State File No. 39798

FILED DEC 16 1950

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u> Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL HORANCE TWP.</u> c. LENGTH OF STAY (In this place) <u>LIFETIME</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR MARBLE HILL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL HORANCE TWP.</u> d. STREET ADDRESS (If rural, give location) <u>NEAR MARBLE HILL</u>	
3. NAME OF DECEASED (Type or Print) <u>SARAH</u> a. (First) <u>MARADA</u> b. (Middle) <u>PIERCE</u> c. (Last)		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>1</u> (Year) <u>1950</u>		5. SEX <u>F.</u> 6. COLOR OR RACE <u>W.</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>9-4-1863</u>		9. AGE (In years last birthday) <u>87</u> 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES M. CHOSTNER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE ESTES</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A.R. PIERCE</u> ADDRESS <u>CLARKTON, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42.01</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept. 20, 1950</u> to <u>Nov. 20, 1950</u> , that I last saw the deceased alive on <u>Nov. 30, 1950</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Everette L. Price, D.O.</u> (Degree or title)		23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>Dec. 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESLEY CEM.</u>	
24d. LOCATION (City, town, or county) <u>BOLLINGER Co. Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		24f. ADDRESS <u>LUTESVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 4-20</u>		REGISTRAR'S SIGNATURE <u>Willie Van Dine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

DEC 13 1950

DISTRICT HEALTH OFFICE No. 6

File No.

DEC 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

J. E. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.